STATE OF ARIZONA **EMPLOYEE TRAVELCLAIM CONTINUATION**	AGENCY:		PHONE	**BATCH HEADER**		

	AGENCY:		PHONE	**BATCH HEADER**

STATE OF ARIZONA
EMPLOYEE TRAVELCLAIM
CONTINUATION

AGENCY:

PREPARED BY ACCT:　　　　ENTERED BY:

PHONE

DATE　/　/

BATCH HEADER
AGY (3)　DATE((6)　TYP(1)　NO
/　/

DOC DATE (6) /　/	CUR DOC(6)	AGY(3)	EMPLOYEE IDENTIFICATION NUMBER (EIN NO) (11 2 | | | | | | | | | | 0	MC (3) **001**	EMPLOYEE NAME	DUTY POST

DATE	PLACE DEPARTED FROM	TIME	PLACE ARRIVED AT	TIME	ODOMETER START	ODOMETER END	MILES	MILESX RATE=$	MEALS& INCIDENTAL	LODGING	OTHER EXPENSES	TRANS- PORTATION	TOTAL EXPENSES
			(LESS COMMUTE MILES)				( )	( )					( )

TRAVELERS MUST FAMILIARIZE THEMSELVES WITH THE TERMS AND CONDITIONS OF STATE OF ARIZONA TRAVEL POLICY. LIMITATIONS APPLY AS TO THE TYPE AND AMOUNT OF REIMBURSEMENTS THAT MAY BE CLAIMED.

TOTALS TO BE CARRIED FORWARD>

GAO-503A-EZ (12/04)